

LD8000063215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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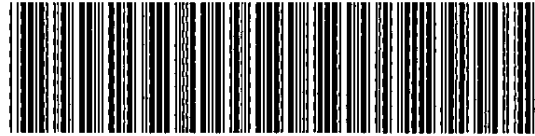
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** WIEWERS, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tommy D. Permenter, Jr., Esq.  
(Name of Person)

The Permenter Law Firm  
(Firm/Company)

2201 S.E. 30th Avenue, Suite 202  
(Address)

Ocala, Florida 34471  
(City/State and Zip Code)

For further information concerning this matter, please call:

Tommy D. Permenter, Jr., Esq. at ( 352 ) 622-1811  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$25.00 Filing Fee       \$30.00 Filing Fee & Certificate of Status       \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)       \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

WIEWERS, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on June 27, 2008 and assigned Florida document number L08000063215.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

*(Principal office address MUST BE A STREET ADDRESS)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Enter new mailing address, if applicable:

*(Mailing address MAY BE A POST OFFICE BOX)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

*(Enter Florida street address)*

\_\_\_\_\_, Florida \_\_\_\_\_

*(City)*

*(Zip Code)*

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

**(If Changing Registered Agent, Signature of New Registered Agent)**

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager of Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

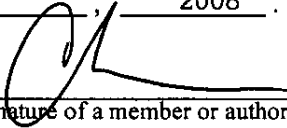
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Eugene A. Wiechens	445 N.E. 8th Avenue Ocala, Florida 34470	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Eugene A. Wiechens and Leslie V. Wiechens, TBE	445 N.E. 8th Avenue Ocala, Florida 34470	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Michael V. Wiechens and Devon L. Wiechens, TBE	275 S.W. 73rd Street Road Ocala, Florida 34476	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Gary P. Ewers	1212 S.E. 17th Avenue Ocala, Florida 34471	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Ronald L. Ewers and Phyllis E. Ewers, TBE	535 S.E. 22nd Avenue Ocala, Florida 34471	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Jennifer Lynn Wiechens Revocable Trust	8064 S.E. 15th Court Ocala, Florida 34490	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 TALLAHASSEE FLORIDA

Dated October 2008

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member

Christopher Sandon Wiechens, as Trustee of the Jennifer Lynn Wiechens  
 Revocable Trust  
 \_\_\_\_\_  
 Typed or printed name of signee